



FIRST STEPS DOCUMENTATION OF TEAM DISCUSSION

State Form 51928 (10-04) / BCD 0118



Name of child	Date of Birth (month, day, year)	County
Name of service coordinator	Date (month, day, year)	Date of IFSP (month, day, year)

Documentation of Team Discussion - the entire team must review the presenting information and give input into changing or adding services to this child's IFSP. Please document below the name of all members of this child's team, the method of input received and the date that input was received. **ED Team Members must also be contacted and listed.**

TEAM MEMBERS NAME	ROLE (DT/OT/PT/ED TEAM/ETC)	DATE RECEIVED	METHOD OF INPUT
			<input type="checkbox"/> Meeting <input type="checkbox"/> Phone <input type="checkbox"/> Email / Letter / fax (attach)
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			<input type="checkbox"/> Meeting <input type="checkbox"/> Phone <input type="checkbox"/> Email / Letter / fax (attach)

DOCUMENTATION OF TEAM DISCUSSION

Please document below the basis of the team discussion that illustrates that the outcomes cannot be achieved without additional services or increased frequency and intensity of services. (Additional space on back of form)

[illegible]

This document must be completed and accompany the change page and the 10 Day Written Prior Notice Letter. There must also be a statement by the team member requesting the increase or addition as to why this change is needed. All three documents must be stapled together with the change page on top and presented to the System Point of Entry (SPOE). The SPOE cannot enter any increases or additions to the IFSP without a Change Page signed by the parent and physician, this form and the 10 day notice letter. A prescription by the physician stating service intensity, frequency and duration (*as listed on the change page*) may substitute for the actual physician signature on the change page. The change page must document the therapist recommendations and rationale for the change in service.